



PART B - FEE(S) TRANSMITTAL

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27384 7590 06/06/2008
NORRIS, MCLAUGHLIN & MARCUS, PA
875 THIRD AVENUE
18TH FLOOR
NEW YORK, NY 10022

Nanci Manfredi (Depositor's name)
Nanci MacKuen (Signature)
September 5, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,033	02/04/2004	Harmut Loebmann	785-01148-08 (C01) 10772-16	3888

TITLE OF INVENTION: HYDRATES OF OPTIONALLY SUBSTITUTED 2-(2-PYRIDINYL) METHYLTHIO-1H-BENZIMIDAZOLES AND PROCESS FOR THE PRODUCTION THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/08/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
MORRIS, PATRICIA L	1625	546-273700	01 FC:1501 02 FC:1504	1440.00 DA 300.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list:
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Norris, McLaughlin & Marcus PA

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Grunenthal GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aachen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 2

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1263 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kurt G. Briscoe

Date 9/5/08

Typed or printed name

Registration No. 33,141

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